

City of San Diego

Park and Recreation DONOR FORM

| Name: | |
|--|--|
| Address: | |
| Phone: | _ |
| FAX: | - |
| Email address: Check here if you would like to receive information via email. | |
| _ | following (check one or more). Please to donate to more than one area. |
| Adopt A Park Aquatic Progra | ams Children's Playgrounds |
| Disabled Service Programs G | eneral Donation Habitat Restoration |
| Senior Services Summer/Wir Other (Be specific) | nter Day Camps Tiny Tot Programs |
| TOTAL DONATION AMOUNT \$ | |
| Please make your check out to the "Ci City of San Diego - Park & Recreation Development Office 202 C Street, MS37C San Diego, CA 92101 OR Bill my credit card: MasterCard Visa Credit Card # | |
| Name as it appears on the card | Signature of Cardholder |